

CLASSIFICATION IN CASE OF INMATE DEATH, SERIOUS INJURY  
SERIOUS ILLNESS  
C 127 (Rev 06/01)

CDC NUMBER	COMMITMENT NAME	INSTITUTION NORTH KERN STATE PRISON DELANO, CALIFORNIA
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The inmate shall provide accurate information to identify the next of kin and any person(s) to be notified in the event of his/her death, serious illness, or serious injury as determined by a physician. In compliance with Penal Code Section 5022, the inmate shall provide the name(s), last known address(es), and telephone number(s) of the next of kin and person(s) to be notified. The inmate shall also notify his or her assigned Correctional Counselor of changes as soon as possible. Staff shall use reasonable effort to contact the person(s) identified by the inmate based on the information provided by the inmate. Therefore, it is important that the inmate ensure the information provided is current and accurate.

NAME OF KIN	STREET ADDRESS	TELEPHONE NUMBER (HOME)
RELATIONSHIP	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)
X Sister	X LA CA 90031	X
NAME OF KIN	STREET ADDRESS	TELEPHONE NUMBER (HOME)
RELATIONSHIP	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)
Girlfriend	LA CA 90031	

NAME OF PERSON TO NOTIFY	STREET ADDRESS	TELEPHONE NUMBER (HOME)
RELATIONSHIP	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)
Same as #1		

If the inmate has a will, the inmate will identify the person to be contacted who possess or has access to it. This form is not to be used as a will.

NAME OF CONTRACT FOR WILL	STREET ADDRESS	TELEPHONE NUMBER (HOME)
ENTER NONE IF THERE IS NO WILL	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)
None		

Is inmate a foreign national? ☐ Yes ☒ No

This information shall be updated annually as part of the classification review process, as part of the classification committee review when the inmate is being referred to the Classification Staff Representative for program placement or transfer consideration, or whenever the inmate desires to revise the information.

DATE	INMATE SIGNATURE	COUNSELING STAFF WITNESS PRINTED NAME/TITLE/SIGNATURE	INSTITUTION
10/2/08			NORTH KERN STATE PRISON DELANO, CALIFORNIA
DATE	INMATE SIGNATURE	COUNSELING STAFF WITNESS PRINTED NAME/TITLE/SIGNATURE	INSTITUTION
10/13/09			PUSP #1
DATE	INMATE SIGNATURE	COUNSELING STAFF WITNESS PRINTED NAME/TITLE/SIGNATURE	INSTITUTION
X 10/7/10			PUSP TIT
DATE	INMATE SIGNATURE	COUNSELING STAFF WITNESS PRINTED NAME/TITLE/SIGNATURE	INSTITUTION
DATE	INMATE SIGNATURE	COUNSELING STAFF WITNESS PRINTED NAME/TITLE/SIGNATURE	INSTITUTION
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DATE	INMATE SIGNATURE	COUNSELING STAFF WITNESS PRINTED NAME/TITLE/SIGNATURE	INSTITUTION

**COPIES OF  
ACTIVE  
WARRANTS OR  
HOLDS  
IF  
APPLICABLE**

*placeholder.  
If had, would  
be here.*



**ATTACHMENT B**STATE OF CALIFORNIA  
NOTICE AND CONDITIONS OF POST-RELEASE COMMUNITY SUPERVISION  
CDC 1515-CS (07/11)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

1. You are scheduled to be released on Post Release Community Supervision effective \_\_\_\_\_. Pursuant to Penal Code section 3450, you are subject to community supervision provided by a county agency for a period not exceeding three years. Release to county supervision is subject to the following notice and conditions. Should you violate conditions of this release or violate the law, you can be incarcerated in county jail regardless of whether or not new charges are filed.
- a. You waive extradition to the State of California from any state or territory of the United States or from the District of Columbia. You will not contest any effort to return you to the state of California.
  - b. If the supervising agency determines, based upon psychiatric reasons, that you pose a danger to yourself or others, the court may, if necessary, order your placement in a community treatment facility for psychiatric treatment.
  - c. You and your residence and any other property under your control may be searched without a warrant day or night by an agent of the supervising county or any peace officer or law enforcement officer.
  - d. If another jurisdiction has lodged a detainer against you, you may be released to the custody of that jurisdiction. Should you be released from their custody prior to the expiration of your period of supervision, or should the detainer not be exercised, you are to immediately contact the Probation Department in your county of last legal residence for supervision instructions.
  - e. You have been informed and have received in writing the procedure for obtaining a Certificate of Rehabilitation (4852.21PC).

**CONDITIONS OF POSTRELEASE COMMUNITY SUPERVISION**

2. **RELEASE, REPORTING, RESIDENCE:** Unless other arrangements are approved in writing, you will report to your Supervising county agency within two working days following your release. You will inform your supervising county agency of your residence, employment, education, or training. Any change or anticipated changes in residence, employment, education, or training shall be reported to your supervising county agency in advance. You shall inform the supervising county agency of new employment within 3 business days of that entry.
- a. **SUPERVISING COUNTY AGENCY INSTRUCTIONS AND TRAVEL:** You shall comply with all instruction of your supervising county agency representative. You will not travel more than 50 miles from your residence without prior approval. You will not be absent from your county of residence for a period of more than 48 hours and not leave the State of California without prior written approval of your supervising county agency.
  - b. **CRIMINAL CONDUCT:** You shall not engage in conduct prohibited by law (state, federal, county or municipal). You shall immediately inform your supervising county agency if you are arrested for a felony or misdemeanor crime, or citation. Conduct prohibited by law may result in a revocation by a court to be served in county jail even though a criminal conviction does not occur.
  - c. **WEAPONS:** You shall not own, use, have access to, or have under your control: (a) any type of firearm or instrument or device which a reasonable person would believe to be capable of being used as a firearm or any ammunition which could be used in a firearm; (b) any weapon defined in state or federal statutes or listed in California Penal Code Section 12020 or any instrument or device which a reasonable person would believe to be capable of being used as a weapon as defined in Penal Code Section 12020; (c) any knife with a blade longer than two inches except kitchen knives which must be kept in your residence and knives related to your employment which may be used and carried only in connection with your employment; or (d) a crossbow of any kind.
  - d. **FLASH INCARCERATION:** You agree to waive any right to a court hearing prior to the imposition of a period of "flash incarceration" in a county jail of not more than 10 consecutive days for any violation of your postrelease supervision conditions. You agree to participate in rehabilitation programming as recommended by the supervising county agency.
  - e. You shall sign this agreement and any special conditions imposed upon you by the supervising county agency or the court. If you refuse to sign these or any other conditions impose upon you, the supervising county agency may refer the case to a court for revocation proceedings.

I have read or have had read to me and understand the conditions of release as they apply to me.

CDC NUMBER	OFFENDER NAME (Print or Type)	OFFENDER SIGNATURE	DATE SIGNED
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**TO BE COMPLETED BY STAFF:**

I have informed the inmate of his/her conditions of release and have determined that he/she:

Appeared to Understand ☐Appeared to having difficulty understanding ☐

The following effective communication method was used: \_\_\_\_\_

(Foreign language interpreter, sign language interpreter, read/spoke slowly, assistive device, etc.)

STAFF NAME (Print or Type)	STAFF SIGNATURE	DATE SIGNED
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# COMPAS Core Risk Assessment

**Name:** TEST CASE10

**DOB:** 10/10/1960

**Gender:** Male

**Screening Date:** 8/23/2011

**Screeners:** Aguilar, Dominic A

**Race:** Other

**Case #:** TC010-6

**Scale Set:** Adult Men's Assessment v.3

## Criminogenic Need Scales

## Relationships/Lifestyle

## Substance Abuse

## Personality/Attitudes

## Criminal Personality

## Family

## Family Criminality

## Social Exclusion

### Educational Problems (Core)

## Employment Problems (Core)

[illegible]



STATE OF CALIFORNIA  
VICTIM SERVICES AND RESTITUTION COLLECTION REQUEST FORM  
CDC 1707 (Rev. 11/99)

DEPARTMENT OF CORRECTIONS

YOU MAY REQUEST ANY OR ALL APPLICABLE SERVICES AND SUBMIT THE FORM TO THE CALIFORNIA DEPARTMENT OF CORRECTIONS (CDC) AFTER THE OFFENDER IS SENTENCED TO STATE PRISON.

You have the right to be notified of the status of an inmate including: scheduled release from state prison, escape, parole hearing, or death. You also have the right to collection of restitution ordered by the court.

Inmate's Full Name: \_\_\_\_\_ CDC Number: \_\_\_\_\_ (Optional)

Date of Birth: \_\_\_\_\_ (Optional) Date Sentenced to State Prison: \_\_\_\_\_ (Optional)

Court Case Number: \_\_\_\_\_ County of Commitment: \_\_\_\_\_

**A. CURRENT ADDRESS**

I understand that it is my responsibility to keep CDC informed of any change to my current address so that notification can be made. My request for notification will be forwarded to the proper institution for processing and marked "Confidential," then filed in the Confidential Folder of the inmate's Central File.

Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Telephone Number (Day) ( ) \_\_\_\_\_ Message: ( ) \_\_\_\_\_

**B. REQUEST FOR SPECIAL CONDITIONS OF PAROLE**

I am the ☐ Victim, ☐ Parent/Guardian of minor victim, ☐ Witness, ☐ Next of Kin, or  
☐ Other \_\_\_\_\_ and would like to request the following special conditions of parole:  
(Specify/explain)  
☐ No contact with victim ☐ Parole offender to another county  
☐ Parole offender 35 miles from victim's residence ☐ Other \_\_\_\_\_

Note: All requests for special conditions of parole are considered by the parole authority at the time of the inmate's release. If you would like to provide additional information, attach a separate sheet of paper. Not all requests for special conditions are granted.

**C. REQUEST FOR COLLECTION OF VICTIM DIRECT ORDER OF RESTITUTION**

If a judge has ordered a direct order of restitution to be paid to you, CDC can collect 20% of inmate trust account deposits. Restitution funds collected on your behalf will be forwarded to the State Board of Control for disbursement. If you have a copy of the Abstract of Judgement or relative court documents containing your direct order, please attach a copy to this form.

I, \_\_\_\_\_, would like to request CDC to collect on my direct order of restitution.

(Print name of person cited in court order)  
Social Security Number: \_\_\_\_\_ Board of Control Claim Number: \_\_\_\_\_

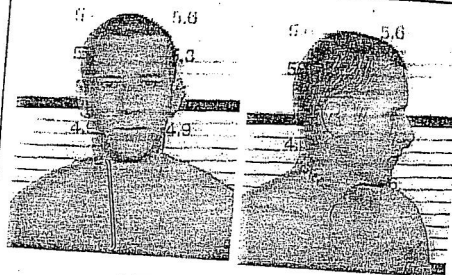
**D. SIGNATURE OF REQUESTOR (Required)**

DATE: \_\_\_\_\_

Mail this form to: CDC, Office of Victim Services and Restitution, P.O. Box 942883, Sacramento, CA 94283-0001  
If you have any questions, please call (916) 358-2436, or in California toll-free at (888) 562-5874.

PLEASE FOLD AND STAPLE OR ENCLOSE IN AN ENVELOPE





A [REDACTED]

[REDACTED]

DOB 06/14/1988

09/23/2010 97441